***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St. Room 201, Yreka, CA 96097*

# **AGENDA WORKSHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **[ ]**  |  | **Time Requested:** | **N/A** | **Meeting Date:** | **2-4-2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Director / Health & Human Services Agency – Public Health Division** | **Phone:** | **530-841-2140** |
| **Address:** | **810 S Main Street, Yreka CA 96097** |
| **Person Appearing/Title:** | **Shelly Davis / Director of Public Health Division** |
| **Subject/Summary of Issue:** |
| County of Siskiyou, Public Health Division, is requesting approval for the Second Addendum to the Contract with CorEMR, L.C., to increase the compensation by $14,900.00, and delete and replace Exhibit “A”, Scope of Services and Schedule 2 Additional Services to add services for training and interfacing capabilities for the Electronic Health Records System at the Siskiyou County Jail with funding not to exceed $64,200.00 for the term of the Contract.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*  |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | $64,200 |  |  |  |  |
| Fund:  | 2162 2111 2175 |  | Description:  | Inmate Health | Org.: | 401015 401081 | Description: | Inmate Health |
| Account: | 723000 729200729 |  | Description: | Prof. Services |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [x]  |
| For Contracts – *Explain how vendor was selected:*  |
|       |
| Additional Information: FY  |  FY 22/23 $20,450; FY 23/24 $5,050; FY 24/25 $23,550; FY 25/26 $5,050; FY 26/27 $5,050;  |
| and FY 27/28 $5,050, for a total not to exceed $64,200.00. |
| **Recommended Motion:** |
| “Recommend that the Board of Supervisors approve and authorize the Chair to sign the Second Addendum to the Contract for Services between CorEMR L.C., and Siskiyou County Health and Human Services Agency, Public Health Division, to increase the compensation by $14,900.00 and replace Exhibit “A”, and Schedule 2, to add services to the Electronic Health Record System at the Siskiyou County Jail with a total amount of the Contract not to exceed $64,200.00.” |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |  |
| *Certified Minute Order(s)* | Yes | *Quantity:* | 1 |
| Auditor |       |
|  |  |
| Personnel |       | *Other:* | This Second Addendum will be signed via DocuSign.  |
| CAO |       |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.***